



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

| | | | | | |
|--|---|---|--|--|---|
| DOCUMENT # L05000091902 1. Entity Name MIMI'S KETTLE KORN AND MORE, L.L.C. | | | |  | |
| Principal Place of Business 28331 ROYAL PALM DRIVE PUNTA GORDA, FL 33982 | | | Mailing Address 28331 ROYAL PALM DRIVE PUNTA GORDA, FL 33982 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 01152008 Chg-LLC CR2E083 (12/06) | |
| Zip | | Country | | 4. FEI Number 20-3496186 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent LEOTTI, EDWARD 28331 ROYAL PALM DRIVE PUNTA GORDA, FL 33982 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LEOTTI, EDWARD 28331 ROYAL PALM DRIVE PUNTA GORDA, FL 33982 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000000843946 03/12/08-80015-023 138.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VASQUEZ, KARLA 28331 ROYAL PALM DRIVE PUNTA GORDA, FL 33982 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>Edward Leotti</i> | | | | 1/28/08 3398239778 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | <small>Date Daytime Phone #</small> | |